

TERMINATION

State of Maine
Bureau of Human Resources

EFFECTIVE DATE

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COMPANY #	DEPARTMENT	ORGANIZATIONAL UNIT
ADMINISTRATIVE UNIT	UNIT DIVISION	EMPLOYEE NAME AND NUMBER
CLASS CODE	CLASS TITLE	POSITION NUMBER

EMPLOYEE RESIGNATION

<i>I HEREBY RESIGN FROM MAINE STATE SERVICE OF MY OWN FREE WILL AND WITHOUT COERCION.</i>		
EMPLOYEE SIGNATURE	DATE SIGNED	EFFECTIVE DATE
COMMENTS		

SUPERVISOR'S REPORT

SIGNATURE	EXIT INTERVIEW DATE	DATE LAST PERFORMANCE APPRAISAL
TERMINATION CODE	TERMINATION REASON	
REHIRE RECOMMENDATION AND COMMENTS		

APPROVALS

DEPARTMENT	DATE	BUREAU OF HUMAN RESOURCES	DATE

☐ BHR Copy ☐ Agency Copy ☐ Employee Copy